FORM D

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Washington, D.C. 20549

Section

SECURITIES AND EXCHANGE COMMISSION Processing Estimated average burden hours per form16.00

SEC USE ONLY

JUN 1 9 2008 E

FORM D NOTICE OF SALE OF SECURITIES

JUN 17 2008 PURSUANT TO REGULATION D.

Prefix

SECTION 4(6), AND/OR

Washington, DC THOMSON REUTERS NIFORM LIMITED OFFERING EXEMPTION 109

UNITED STATES

DATE RECEIVED

Serial

Name of Offering Limited partnership	(check if this is an a		nas changed, and i	ndicate change.)		.,	
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Section	on 4(6)	ULOE
Type of Filing:	□ New Filing	Amendment					
		A. BASIC	DENTIFICAT	ION DATA			
1. Enter the inform	nation requested about the	issuer					
Name of Issuer	check if this is an an	nendment and name h	as changed, and in	dicate change.			
CashPlus Fund, L.F	. (formerly known as No	rcom Capital CashP	lus Fund, L.P.)				
Address of Executive	e Offices		(Number and Stre	et, City, State, Zip Co	ode) Telej	ohone Numb	er (Including Area Code)
c/o NorCap Manage	ement, L.P., Two Lincoln	Center, 5420 LBJ Fro	eeway, Suite 525,	Dallas TX 75240	(972)	701-8815	
Address of Principal	Offices		(Number and Stre	et, City, State, Zip Co	ode) Tele	oh <u>one</u> Numb	er (Including Area Code)
(if different from Exec	cutive Offices)						
Brief Description of E	Business: Private Inv	restment Company					
Type of Business Or	ganization						
	corporation	☑ limited p	artnership, already	formed	other (s care in thill	98051370
(Dusiness trust	🔲 limited p	artnership, to be fo	med		,	20031370
			Month	Yea	<u></u>		
Actual or Estimated I	Date of Incorporation or O	rganization:	0 2	0	6		Estimated
Jurisdiction of Incorp	oration or Organization: (Enter two-letter U.S. P	ostal Service Abbre	eviation for State;			
		CN	I for Canada; FN fo	r other foreign jurisd	iction)	اما	εJ

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ Director □ General and/or Managing Partner ☐ Beneficial Owner Full Name (Last name first, if individual): NorCap Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code): Two Lincoln Center, 5420 LBJ Freeway, Suite 525, Dallas TX 75240 Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Director ☐ Investment Manager Norcom, David R. Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): c/o NorCap Management, L.P., Two Lincoln Center, 5420 LBJ Freeway, Suite 525, Dallas TX 75240 Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Baggett, Carl Y. Business or Residence Address (Number and Street, City, State, Zip Code): c/o NorCap Management, L.P., Two Lincoln Center, 5420 LBJ Freeway, Suite 525, Dallas TX 75240 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Annandale Partners II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code): c/o NorCap Management, L.P., Two Lincoln Center, 5420 LBJ Freeway, Suite 525, Dallas TX 75240 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Millennium Trust Co., LLC, custodian FBO David R. Norcom SEP IRA Business or Residence Address (Number and Street, City, State, Zip Code): c/o NorCap Management, L.P., Two Lincoln Center, 5420 LBJ Freeway, Suite 525, Dallas TX 75240 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner John Cracken Charitable Remainder Trust Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): c/o NorCap Management, L.P., Two Lincoln Center, 5420 LBJ Freeway, Suite 525, Dallas TX 75240

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Executive Officer

☐ Executive Officer

☐ Director

Director

c/o NorCap Management, L.P., Two Lincoln Center, 5420 LBJ Freeway,

☐ General and/or Managing Partner

☐ General and/or Managing Partner

Check Box(es) that Apply:

Suite 525, Dallas TX 75240 Check Box(es) that Apply:

Full Name (Last name first, if individual):

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code):

Promoter

□ Beneficial Owner

☐ Beneficial Owner

John R.W. Cracken, P.C.

	-			(Use bl	ank sheet,	or copy a	nd use add	ditional cor	oies of this	sheet, as	necessary)	
					В.	INFORM	MATION	ABOUT	OFFER	ING			
1. Has	s the issue	rsold, or c	does the is	suer inten	d to sell, to		edited inve					☐ Yes	⊠ No
2. Wh	at is the m	inimum in	vestment t	hat will be	accepted				-			\$1	,000,000*
L. ***				, idi 11111 00	шооркоа								amount at its discretion
3. Do	es the offe	rina nermi	t ioint own	ership of a	ı single uni	it?						⊠ Yes	s □ No
					rson who h								
any offe and	/ commissi ering. If a 1/or with a	on or simi person to l state or st	lar remune be listed is ates, list th	ration for an associ e name o	solicitation iated perso f the broke er, you ma	of purcha on or agen or deale	isers in coi it of a brok r. If more i	nection w er or deale than five (f	ith sales o er registere 5) persons	f securities ed with the to be liste	s in the SEC d are		
Full Nan	ne (Last na	ıme first, if	findividual)						-			
Busines	s or Reside	ence Addr	ess (Numb	er and St	reet, City, S	State, Zip	Code)						
Name o	f Associate	d Broker	or Dealer							· <u> </u>		<u> </u>	
					tends to S								☐ All States
□ [AL]					[CO]						☐ [HI]		
□ (IL)	□ [IN]	□ [IA]	☐ [KS]	☐ [KY]	[LA]	[ME]	☐ [MD]	☐ [MA]	[IM]	☐ [MN]	☐ [MS]	[MO]	
[MT]	□ [NE]	□ (NV)		□ [NJ]	□ [NM]	☐ [NY]	☐ [NC]	□ [ND]				☐ [PA]	
□ (RI)	☐ [SC]	[SD]		□ [TX]	[TU]	□ (VT)	□ [VA]	[WA]	□ [WV]	□ [WI]	□ (WY)	□ (PR)	
Full Nan	ne (Last na	rne first, if	individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and St	reet, City, S	State, Zip	Code)						
Name of	Associate	d Broker o	or Dealer										
					tends to S				,,,,,,,,,,,				☐ All States
					[CO]				[FL]	☐ [GA]	□ [HI]	🗀 [ID]	
□ (IL)	[INI]	[IA]	□ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [MT]	□ [NE]	□ [NV]	[NH]	[NJ]	□ [NM]	□ [NY]		□ [ND]	[HO]	□ [OK]	□ [OR]	☐ (PA)	
□ (A1)	☐ [SC]		□ [TN]	□ [txi]	[עדן]		□ [VA]	□ [WA]	□ [WV]	[WI]	[WY]	☐ (PR)	
Full Nan	ne (Last na	me first, if	individual)									
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)				-		
Name of	Associate	d Broker o	or Dealer				·						<u></u>
					tends to So								☐ All States
[AL]					[CO]						[HI]	[ID]	
[IL]	[IN]	□ [IA]	☐ [KS]	[KY]	[LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
[MT]	☐ [NE]	□ (NV)	□ [NH]		□ [NM]					□ [OK]		☐ [PA]	
□ (RI)	Disci	□ isdi	ואדו 🗖		ן [עדן	[AL]	□ [VA]	□ (WA)	[VV]	[W]	[WY] □	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this				
	box \(\bigcap \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	Debt	<u>\$</u>		<u> </u>	
	Equity	<u>\$</u>			···
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	<u>.</u>	<u> </u>	
	Partnership Interests	\$	100,000,000	<u> </u>	7,033,818
	Other (Specify)	\$		\$_	
	Total	\$	100,000,000	\$	7,033,818
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				.
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		8	<u> </u>	7,033,818
	Non-accredited Investors		N/A	<u> </u>	N/A
	Total (for filings under Rule 504 only)		N/A	<u>\$</u>	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	<u> </u>	N/A
	Regulation A		N/A	<u>\$</u>	N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total		N/A	<u>\$</u>	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs		🗖	\$	
	Legal Fees		🛛	\$	5,112
	Accounting Fees		🗆	\$	
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)		🗆	\$	
	Other Expenses (identify)		🗆	\$	
	Total		_	\$	5,112

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EX	PENSES	AND I	JSE OF	PRO	CEE	OS .		
4	Enter the difference between the aggregate offering properties of the second seco	<u>\$</u>	99,994,888							
5	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for an estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in respo	h an ust equal		ayments t Officers, Directors 8 Affiliates			Payments to Others			
	Salaries and fees			\$				\$		
	Purchase of real estate			\$				\$		
	Purchase, rental or leasing and installation of mach	inery and equipment		\$				\$		
	Construction or leasing of plant buildings and faciliti	es		\$				\$		
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset pursuant to a merger	s or securities of another issue	er 🔲	s				\$		
	Repayment of indebtedness			\$. –	\$		
	Working capital			\$. <u> </u>	\$ 99,994,888		
	Other (specify):		Q	\$				\$		
				\$				\$		
	Column Totals			\$			⊠	\$ 99,994,888		
	Total payments Listed (column totals added)			-	Ø	\$	99,9	94,888		
_		D. FEDERAL SIGNAT	URE							
CO	is issuer has duly caused this notice to be signed by the und nstitutes an undertaking by the issuer to furnish to the U.S. S a issuer to any non-accredited investor pursuant to paragraph	Securities and Exchange Comi	on. If this n	otice is f	iled under request	Rule of its s	505, the	following signature information furnished by		
	suer (Print or Type)							1 -16:08		
		Fitle of Signer (Print or Type)								
Ca	rf Y. Baggett	Authorized person of NorCa	p Advisors	, LLC th	e general	partn	er of N	orCap Management,		

ATTENTION

1.		2 presently subject to any of the disqualification	☐ Yes ⊠ No						
		See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.		the issuer is familiar with the conditions that must be saithis notice is filed and understands that the issuer claims been satisfied.							
	er has read this notification and knows the ed person.	contents to be true and has duly caused this notice to	be signed on its behalf by the undersigned duly						
Issuer (F	Print or Ty	Signature	Date						
CashPla	us Fund, L.P.	1106	7 9-16-08						
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)							
Carl Y.	Baggett	Authorized person of NorCap Advisors,	Authorized person of NorCap Advisors, LLC the general partner of NorCap Management,						
		L.P. its general partner							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
1	;	2	3			4		Dingunii			
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	· · · · · · · · · · · · · · · · · · ·	Type of ir amount purc (Part C	nvestor and hased in State – Item 2)		Disquali under Sta (if yes, explana waiver g (Part E -	attach ation of granted)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL						_					
AK											
AZ											
AR											
CA											
co											
СТ								<u> </u>	<u> </u>		
DE								ļ	<u> </u>		
DC											
FL		, .									
GA											
н					 			·			
ID 									ļ		
IL IN								ļ			
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KS								+			
KY				,							
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ME								<u> </u>			
MD							<u> </u>				
MA	_							 	 		
MI			·				<u> </u>				
MN								<u> </u>			
MS							<u>-</u>				
МО		-					<u> </u>				
мт											
NE											
NV											
NH											
NJ											

NM				<u> </u>							
Γ				ADI	PENDIX		 				
	AL LEIDIA										
1	,	2	3	<u> </u>		4		5			
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State UL- (if yes, attachexplanation of waiver granter (Part E – Item						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NY											
NC											
ND											
ОН											
ок											
OR											
PA											
Ri											
sc											
SD											
TN							· ·				
TX		х	100,000,000	7	\$7.033,818	0	\$0		Х		
UT											
VT											
VA											
WA											
wv					<u> </u>						
WI					<u> </u>						
WY											
PR											

